PTO/SB/01 (10-01)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			Attorney Docket Number First Named Inventor	EP01-002C Conners	
			COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number	1		
☑Declaration Submitted	OR	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))	Filing Date		
With Initial Filing	•••		Group Art Unit		
	required)		Examiner Name		

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: IDENTIFICATION AND CHARACTERIZATION OF AN ANTHOCYANIN MUTANT (ANT1) IN TOMATO							
the specification of which (Title of the Invention)							
☑ is attached hereto	☑ is attached hereto						
OR							
was filed on (MM/DD/YYYY)	as United States App	olication Number or	PCT Internation	nal			
Application Number and	was amended on (MM/DD/YY	YY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s) Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?				
Number(s) Country	(MINI/DD/1711) Country	Tiot Glainled	YES	NO			
		Ш	Ц	<u> </u>			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Numb or Bar Code Lab		23500		OR	Correspondance address below
Name						
Address						
City		State			ZII	P
Country			Teleph	one		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST	INVENTOR:	A petition	on has	been f	filed for th	is unsigned inventor
Given Name Ka	114.011			Family Name Conners or Surname		
Inventor's Signature					Date	
Aloha		OR		US		US
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Mailing Address						
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City		State		Zip		Country
NAME OF SECOND INVENT	OR: A pe	etition has be	en file	d for th	is unsigne	ed inventor
Given Name He (first and middle [if any])	elena V.			ily Nam urname		ws
Inventor's Signature					Date	
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Mailing Address						
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City		State		Zip		Country
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>

							
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor					
Given Name (first and midd	le [if any])		Family Name or Surname				
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Inventor's Signature					Date		
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Mailing Address 2061 W. 16 th Avene							
Mailing Address							
City Eugene	OR State	ZIP 97402 Co		Co	US		
Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor				
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Inventor's Signature	Date						
Residence: City	State Country			Citizenship			
Mailing Address							
Mailing Address							
City	State	Zip Co		Cou	ountry		
Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature			Date		Date		
Residence: City	State	Cou	ntry		Citizenship		
Mailing Address							
Mailing Address							
City	State		Zin	C0:	inter		

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